

UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

See MPEP (chapter 600) concerning utility patent application contents.

30	<input checked="" type="checkbox"/>	1512.001(c)(35 U.S.C. 113)	Total Sheets	18
OR CONTINUATION/DIVISIONAL		10 Total Pages		18
EP	<input type="checkbox"/>	CONTINUATION/REINVENTION		
(C)	<input type="checkbox"/>	CONTINUATION-IN-CHIEF-CLAIM		
(for continuation/divisional with Box 18 completed)				
19	<input type="checkbox"/>	1512.001(c)(35 U.S.C. 113)		
CONTINUATION/REINVENTION				
CONTINUATION-IN-CHIEF-CLAIM				
CONTINUATION/REINVENTION				
CONTINUATION/REINVENTION				
20	<input type="checkbox"/>	CONTINUATION/REINVENTION		

CONTINUATION/REINFORCEMENT FORM Check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76.

□ 100% RECYCLED PAPER □ 100% RECYCLED INK □ 100% RECYCLED CARTRIDGE

Attorney Docket No. ORAL SEKENDUR
First Inventor Ille
Express Mail Label No. 100-000000000000000000

ADDRESS TO:	CHIEF INSPECTOR'S OFFICE CHIEF INSPECTOR 5, PITTENGER ROAD, LONDON
RE: <input type="checkbox"/>	NOTIFICATION OF BANKRUPTCY PRESENTED BRIEF EXPLANATION Appendix
PARTICULARS OF DEBTOR WITH EXPLANATION OF DEBT	
- If applicable, <i>all</i> necessary	
<input type="checkbox"/>	THE DEBTOR IS A MEMBER OF A GROUP
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THE GROUP IS A MEMBER OF A GROUP	

ACCOMPANYING APPLICATION PARTS

17. <input type="checkbox"/>	DISCLOSURE OF AN ASSIGNEE'S NAME AND ADDRESS	
18. <input type="checkbox"/>	NAME OF THE ASSIGNEE <i>(when there is an assignee)</i>	<input type="checkbox"/> COUNTRY <input type="checkbox"/> NUMBER
19. <input type="checkbox"/>	DISCLOSURE OF THE DATE OF PRIORITY <i>if applicable</i>	
20. <input type="checkbox"/>	NAME OF THE DAY, MONTH AND YEAR OF THE PRIORITY	<input type="checkbox"/> PRIORITY NUMBER
21. <input type="checkbox"/>	COUNTRY OF THE DAY, MONTH AND YEAR OF THE PRIORITY	
22. <input type="checkbox"/>	DISCLOSURE OF THE PRIORITY NUMBER <i>(Should be specifically itemized)</i>	
23. <input type="checkbox"/>	DISCLOSURE OF THE PRIORITY NUMBER <i>(if foreign priority is claimed)</i>	
24. <input type="checkbox"/>	DISCLOSURE OF THE PRIORITY NUMBER WHICH IS IDENTIFIED IN THE PRIORITY DOCUMENT	
25. <input type="checkbox"/>	PRIORITY NUMBER	

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. See 37 CFR 1.75(d).

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/>	Customer Number or Bar Code Label	<input checked="" type="checkbox"/>	Correspondence address below
ORAL SEKENDUR			
399 W. FULLERTON PKWY			
CHICAGO		IL	60614
USA		773 880 5574	773 880 5574

Name (Print/Type)	ORAL SEKENDUR	Registration No. (Attorney/Agent)
Signature		
	Date	08-27-01

8-27-01

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT **(3) 355.00**

Complete if Known

Application Number	
Filing Date	
First Named Inventor	ORAL SEKENDUR
Examiner Name	
Group Art Unit	
Attorney Docket No.	

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to my Deposit Account Number

Deposit Account Name

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 85	Surcharge - late filing fee or oath	
127 80	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	138 130	Non-English specification	
147 2,520	147 2,520	For filing a request for ex parte reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 390	216 195	Extension for reply within second month	
117 890	217 445	Extension for reply within third month	
118 1,390	218 695	Extension for reply within fourth month	
126 1,890	220 945	Extension for reply within fifth month	
119 310	219 155	Notice of Appeal	
120 310	220 155	Filing a brief in support of an appeal	
121 270	221 135	Request for oral hearing	
138 1,610	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,240	241 620	Petition to revive - unintentional	
142 1,240	242 620	Utility issue fee (or reissue)	
143 440	243 220	Design issue fee	
144 600	244 300	Plant issue fee	
122 130	122 100	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	128 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each claim assignment per property (times number of properties)	
145 710	246 355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 710	249 355	For each additional invention to be examined (37 CFR § 1.129(b))	
179 710	279 355	Request for Continued Examination (RCE)	
169 900	168 900	Request for expedited examination of a design application	
Other fee (specify)			

*or number previously paid, if greater. For Reissues, see above

SUBTOTAL (3) (\$)

SUBMITTED BY

Name (Printed)	ORAL SEKENDUR	Registration No. (Attorney/Agent)	Telephone 773 880 5574
Signature			Date 08-27-01

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Approved for use through 10/31/2002, OMB 0651-0031
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1c903 U.S. PRO
09/942439

08/30/01

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number
		Filing Date
		First Named Inventor ORAL SEKENDUR
		Group Art Unit
		Examiner Name
Total Number of Pages in This Submission		Attorney Docket Number

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

ENCLOSED:
UTILITY-PATENT APPL. TRANSMITTAL
CREDIT CARD PAYMENT FOR
DECLARATION FOR UTILITY PATENT APPL
RETURN CARD

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	ORAL SEKENDUR	
Signature		
Date		

CERTIFICATE OF MAILING

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Typed or printed name	ORAL SEKENDUR		Date	08-27-01
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08-27-01

IN THE US PATENT AND TM OFFICE

Appn. No.: ~~09/270,896~~ *NEW APPLICATION*

Filing Date: 03/15/99

Applicant: Sekendur, Oral F.

Appn. Title: **One Visit Dental Prosthesis**

Examiner: ~~Ralph A. Scott~~ Mailed 8/27/01

Group: ~~350~~ Chicago, IL

Art Unit: ~~350~~

CONTINUATION IN PART OF APPN # 09/270,896

Commissioner of Patents and Trademarks

Washington, District of Columbia 20231

Certificate of Mailing

I certify that this correspondence will be deposited with the United States Postal Service as first class mail with proper postage affixed in an envelope addressed to: "Commissioner of Patents and Trademarks, Washington, D.C. 20231" on the date below.

Applicant

Date: 08-27-01

Oral Sekendur

ONE VISIT DENTAL
PROSTHESIS

ENCLOSED: - Continuation in Part *of Application # 09-270-896*

- Specification S
- Claims 1-20
- Abstract
- Fee
- Return Card